

Utah Department of Agriculture & Food P.O. Box 146500 Salt Lake City, UT 84114	MEDICAL CANNABIS PROCESSING 2023 RENEWAL APPLICATION CHECKLIST	Website: www.ag.utah.gov Phone: 801-982-2200 Email: cannabis@utah.gov
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The Application submitted by a Cannabis Processing Facility and approved by the Establishment Board will be considered the business's operation plan. UDAF Inspectors will use the operation plan for regulatory purposes. Ensure all information is complete, current, and accurate.

The information provided by the applicant for a Medical Cannabis Production Establishment must fit within the following Guidelines:

- A. Maximum 50 pages
- B. Information provided must be clear and concise; do not repeat information
- C. Ensure each section speaks to the requested information; and are in the same order as application
- D. Everything in the application is contained in a single PDF document.

MEDICAL CANNABIS PROCESSING ESTABLISHMENT APPLICATION	Medical Cannabis Program Application Date : _____ (office use only)
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Medical Cannabis Processor Facility is multi-tiered:

(a) A tier 1 processor license allows the licensee process, manufacture, dry, cure, package, and label cannabis and cannabis products for sale or transfer to another cannabis processing facility, a medical cannabis pharmacy, or the state central fill medical cannabis pharmacy. A tier 1 processing license is \$100,000 per year.

(b) A tier 2 processor license allows the licensee to package and label cannabis and cannabis products for sale or transfer to another cannabis processing facility or a medical cannabis pharmacy. A tier 2 processing license is \$35,000 per year.

Prior to approving an application, the department may contact any applicant and request additional supporting documentation or information. The department may conduct face-to-face interviews with an applicant if needed.

The department shall inspect the premises to determine if the applicant complies with state laws, administrative rules and best practice standards.

Contact Information

1. Ownership Entity:

Wholesome Goods, LLC

Entity Type:

Individual ☐

Partnership ☐

Corporation ☐

Limited Liability Company ☒

2. DBA: (assumed name of business) N/A

3. Processing Facility Address

STREET

CITY

STATE

ZIP

4. Mailing Address:

(IF DIFFERENT)

STREET

CITY

STATE

ZIP

5. Business Phone:

Fax: N/A

Other/office: N/A

6. Contact Person:

Phone number:

Email:

7. Contact Person for Inspections: [REDACTED] Phone number: [REDACTED]
Email: [REDACTED]
8. Contact Person for Sampling / Results: [REDACTED] Phone number: [REDACTED]
Email: [REDACTED]
9. Manager: [REDACTED] Phone number: [REDACTED] Email: [REDACTED]
10. Other industrial hemp and/or medical cannabis licenses currently or previously held by applicant/entity/principals: [REDACTED]

11. Ownership Information

*An owner is a person who, if the company is privately held, has a financial **or voting interest** of 2% or greater in the cannabis production establishment; or if the entity is publicly traded has more than a 2% financial interest in the company; or is an individual who has the power to direct or cause the management or control of a facility, in other words is a general manager of daily operations.*

List all Owners and their positions in the Company.

Legal Name (First & Last)

Role in the Company's Finances and Decisions

Listed on initial Application
(Yes/ No)

Agent Card
(Yes/ No)

Processing Facility Information

12. Application for: Tier 1 ☒ Tier 2 ☐

13. Days open for business (projected): [REDACTED] Days / hours of operation: [REDACTED]

Cultivation Establishment Property Information

14. Submit for Company's Current Indoor Cannabis Processing Facility a Blueprint with:

1. the square footage of the areas where cannabis is extracted;
2. the square footage of the area(s) where cannabis products are manufactured;
3. location of all extraction machinery/ stationary equipment;
4. the square footage of the areas used for storage and what type of product is stored there (i.e crude oil, untested products, final tested product) ;
5. the areas where cannabis is to be dried, trimmed, and cured (if applicable) ;
6. the square footage of the areas where cannabis is to be packaged;
7. the location of the toilet facilities and hand washing facilities;
8. the location of a break room;
9. the location of lobby or area where non-agents can access.
10. the location of the areas to be used for loading and unloading of cannabis products for transportation; and
11. the location of all cameras and external lights.

Operating Plan (Confidential)

15. List all product types that will be produced in the upcoming year.
16. List all extraction methods used at the facility. Include all solvents, chemicals, and equipment used.
17. Is the facility doing CBD to THC conversion? If yes, outline the facility's methods.
18. Provide all written emergency procedures for Fire, Chemical Spills, and other Emergencies. *This information plus the Material Safety Data Sheet (MSDS) must be easily accessed by all employees.*
19. Submit the cannabis cultivation facility's most up-to-date security plan. Security plans shall include:
 - a) description of security alarm system
 - b) person(s) notified of potential security breaches and alerts
 - c) Video Storage Device location: local or cloud storage
 - d) Procedures to provide UDAF inspectors immediate access to current and archived video footage when requested.
 - e) any additional security measure in place that exceed the security requirements outlined in R68-28-6
20. Provide the facility's storage protocols, both short and long-term, to ensure all cannabis is stored in a manner that is sanitary and preserves the integrity of the cannabis in accordance to R68-28-9.
21. Provide the medical cannabis processing facility's written plan and procedures to handle potential recalls in accordance to R68-28-14. Include:
 - a) The name(s) of persons designated as recall coordinator (R68-28-14(2a))
 - b) The contact information for how reach staff member(s)
 - c) How will affected parties be notified
 - d) A written procedure with specifics of what to do in case of a product recall.
22. Submit procedures on how the facility will dispose of Product that fails quality assurance testing. A destruction plan must be written for every product type produced at the processing facility, and must be in compliance with federal and state laws laid out in Utah Code 4-41a-405 and Rule R68-27-15 Cannabis Waste Disposal.
23. Detail the procedures the cannabis facility has employed to meet the transport and transfer requirements of Utah Administrative Rule R68-28-13, Transportation. Include the make and model of every vehicle the company will use to transport Cannabis Material.

Compliance

24. Submit proof of a \$50,000 performance bond issued by a surety business.
25. Submit proof all scales used in the facility are certified, as outlined in Utah Administrative Rule 68-28-4 (8). Visit <https://ag.utah.gov/businesses/regulatory-services/weights-measures/> for more information.
26. Submit proof of registration as a Manufactured Food Establishment with UDAF's Regulatory Services.
27. Submit a current local business license or permit from the city/municipality.
28. Submit the names of all agents currently working at the company's cultivation facility. All agents listed must:
 - a) be in the process of applying for an agent card in the EVS; or
 - b) have an agent card and have an account in the EVS.

The Facility is responsible for ensuring all employees have background checks and are registered in the EVS. The company is also responsible for collecting agent cards and notifying the Department when an agent leaves their facility. Failure to comply will result in a citation and a fine to the company.
29. Attach all approved Change Requests to the application.

Licensee understands the current statute and rules are subject to change. Licensees agrees as a condition of licensing that they have read and will abide by the provisions of Utah Code 4-41a and all rules promulgated there under all directives of the Utah Department of Agriculture and Food. The licensee also understands that failure to adhere to or maintain the qualifications of their license, may result in suspension or revocation of the license and/or forfeiture of the performance bond or any other remedies allowed by law.

Licensee agrees to immediately notify the department of any change in ownership or financial interest of the facility; the facility's name, change in

location, change in equipment, remodeling, expansion, reduction or physical non-cosmetic alteration of the facility, change in written operating procedures, or change in any information submitted in this application in accordance with Utah Administrative Rule 68-27-13.

The undersigned acknowledges that representatives of the Utah Department of Agriculture and Food may inspect the records and facility of a cannabis production establishment at any time during business hours to determine and ensure the cannabis production establishment is in compliance with the law. Failure to provide the department or the department's authorized agent's immediate access to records and facilities during business hours in accordance with this section may result in a civil monetary penalty; license or registration suspension or revocation; or an immediate cessation of operations under a cease and desist order issued by the department.

Disclaimer

The Licensee acknowledges and understands that cultivating, possessing, using, distributing and/or selling marijuana is prohibited by federal law, notwithstanding Utah law or any authorizations in the Agent or this Registration to the contrary.

Nothing in this Application is intended to provide any guidance or assistance in violating or complying with existing federal laws regulating marijuana cultivation, distribution, or use. Similarly, compliance with state law or the terms of this registration, or possession of the registration card does not confer immunity from enforcement of federal law or federal enforcement practices. Further, nothing in this application or the registration card shall be construed as advice with regards to compliance with applicable federal, state, or local tax laws or any regulatory consequences of engaging in any business in this industry.

The undersigned acknowledges that he/she has read and understands the statements herein and the execution thereof is done voluntarily and by the authorization of the applicant entity.

The undersigned hereby makes application to the Utah Department of Agriculture and Food and certifies that the information contained herein and attached here is true and correct.

[Redacted Signature]

Applicant/Owner of business

[Redacted Signature]

Title/Position

[Redacted Signature]

9/12/23

Date



Wholesome

GOODS

Wholesome Goods, LLC -
Tier 1 Processing License Application

OWNERSHIP INFORMATION

1. Ownership Entity: Wholesome Goods, LLC

2. DBA: N/A

3. Processing Facility Address:

[REDACTED]

4. Mailing Address (If Different):

[REDACTED]

5. Business Phone, Fax, Other/office:

Business Phone -

[REDACTED]

Fax: N/A

Other/office: N/A

6. Contact Person:

Name:

[REDACTED]

Title:

[REDACTED]

Phone:

[REDACTED]

Email:

[REDACTED]

7. Contact Person for Inspections:

Name:

[REDACTED]

Title:

[REDACTED]

Phone:

[REDACTED]

Email:

[REDACTED]

8. Contact Person for Sampling/Results:

Name:

[REDACTED]

Title:

[REDACTED]

Phone:

[REDACTED]

Email:

[REDACTED]

9. Manager:

Name: [REDACTED]
Title: [REDACTED]
Phone: [REDACTED]
Email: [REDACTED]

10. Other industrial hemp and/or medical cannabis licenses currently or previously held by applicant/entity/principals:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

11. Ownership Information Chart:

Legal Name (First & Last)	Role in the Company's Finances and Decisions	Listed on Initial App (Yes/No)	Agent Card (Yes/No)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

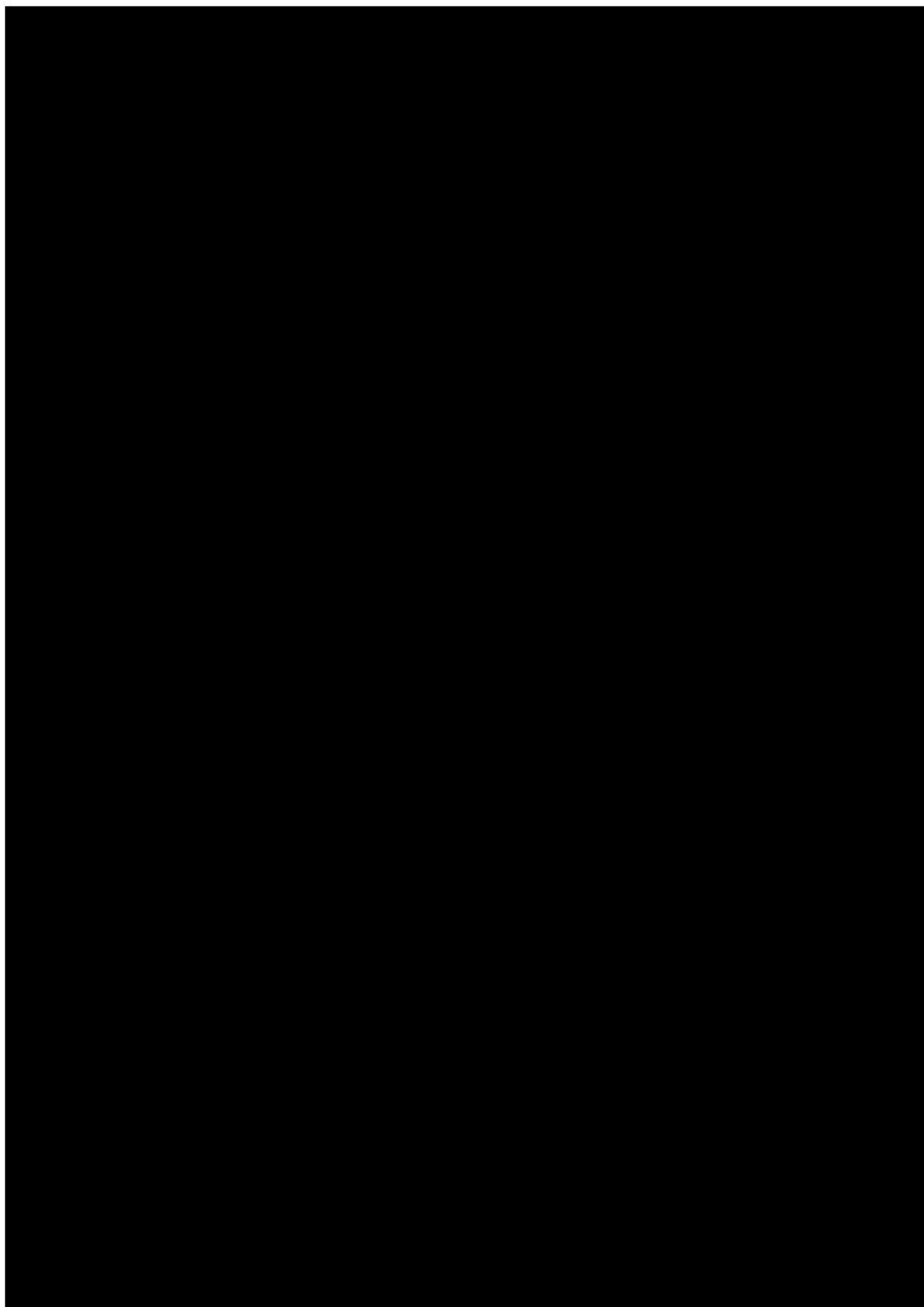
PROCESSING FACILITY INFORMATION

12. (Renewal) Application for: Tier 1 X

13. Days/Hours of Operation: [REDACTED]
[REDACTED]

PROCESSING ESTABLISHMENT PROPERTY INFORMATION

14. Cannabis Processing Facility Blueprints (with Note):



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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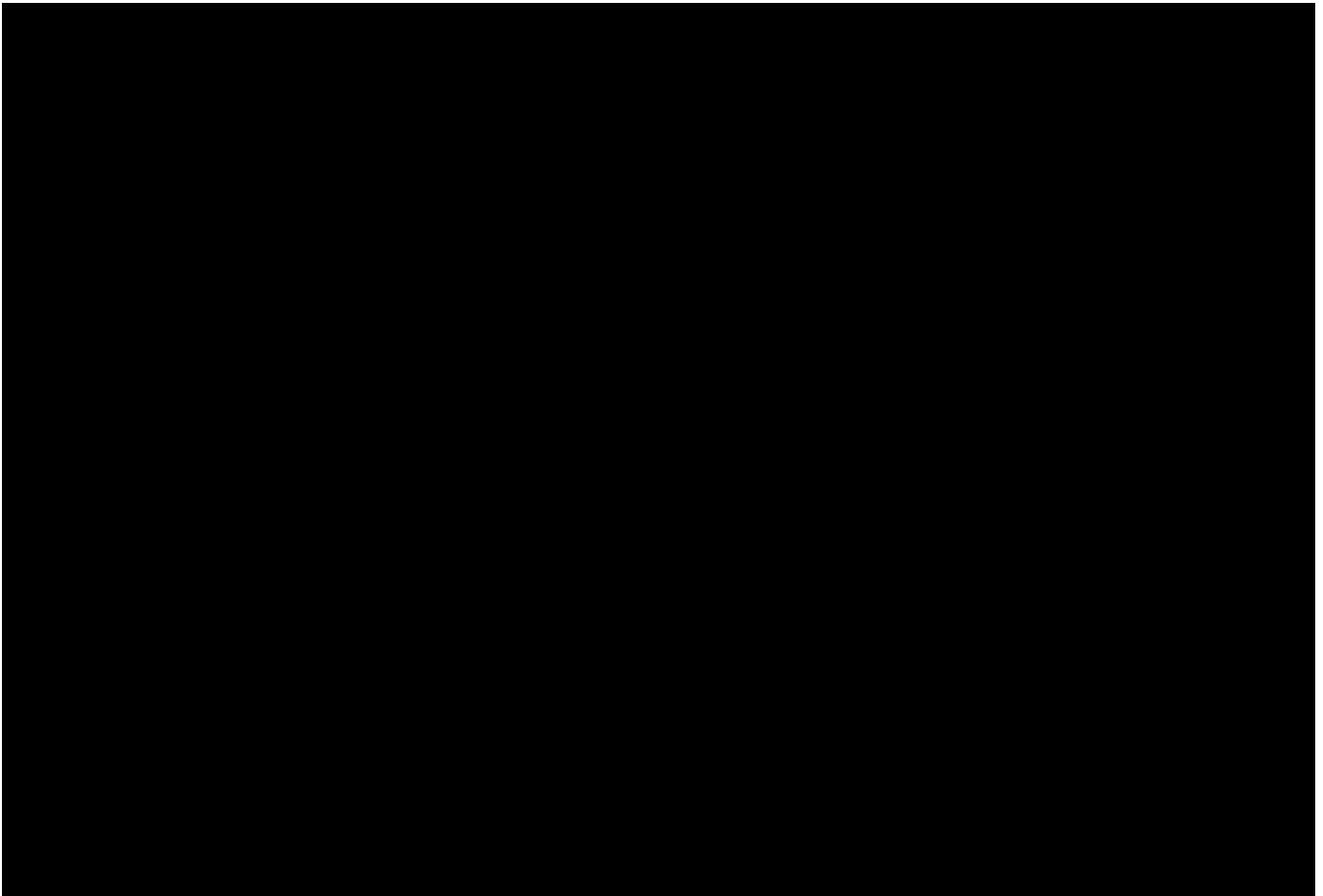
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



14. Square Footage Dimensions and Locations (as identified in the images above):

[REDACTED]

[REDACTED]

[REDACTED]

OPERATING PLAN

15. List all product types that will be produced in the upcoming year (i.e., Vapes, Salves, Flower).

[REDACTED]

[REDACTED]

[REDACTED]

16. List all extraction methods used at the facility. Include all solvents, chemicals, and equipment used.

[REDACTED]

[REDACTED]

17. Is the facility doing CBD to THC conversion? If yes, outline the facility's methods.

[REDACTED]

18. Provide all written emergency procedures for Fire, Chemical Spills, and other Emergencies.

[REDACTED]

[REDACTED]

[REDACTED]

19. Security Plan:

[REDACTED]

[REDACTED]

20. Storage Protocols:

[REDACTED]

21. Recall Plan:

21

[REDACTED]

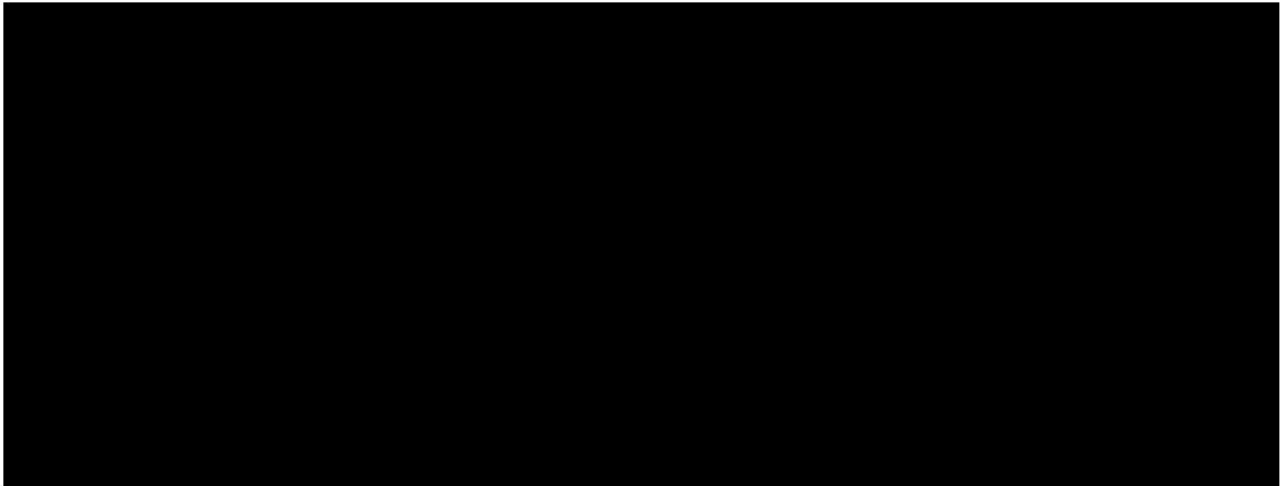
22. Cannabis Product Waste Disposal Plan:

[REDACTED]

[REDACTED]

23. Transportation:

[illegible]



COMPLIANCE

24. Proof of Performance Bond:



25. Proof all scales used in the facility are certified, as outlined in Utah Administrative Rule 68-28-4 (8).



26. Proof of registration as Manufactured Food Establishment:



27. Local business license or permit from the city/municipality:



28. Submit the names of all agents currently working at the company's processing facility:



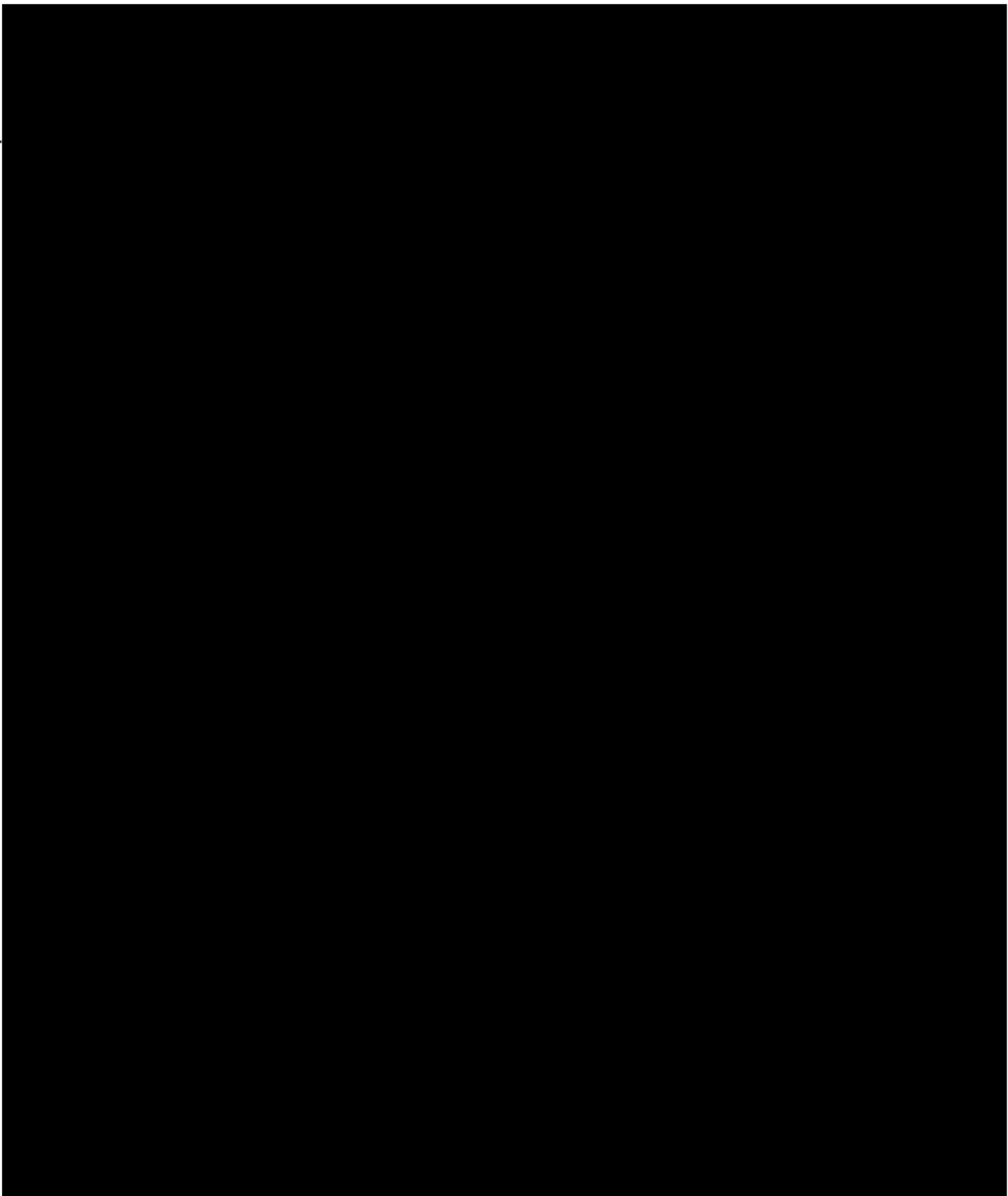
29. Prior Change Requests:

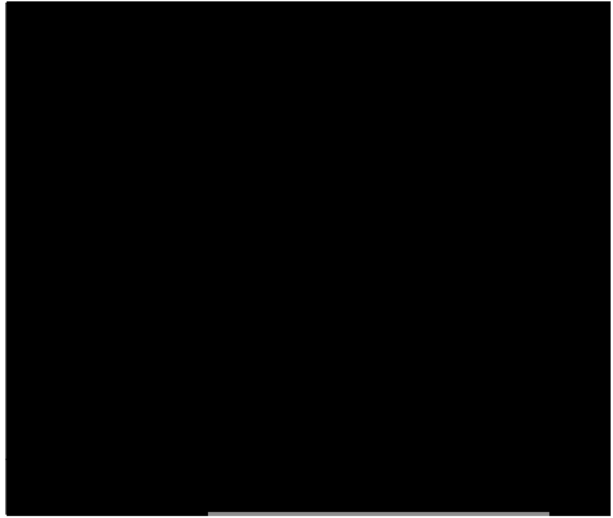


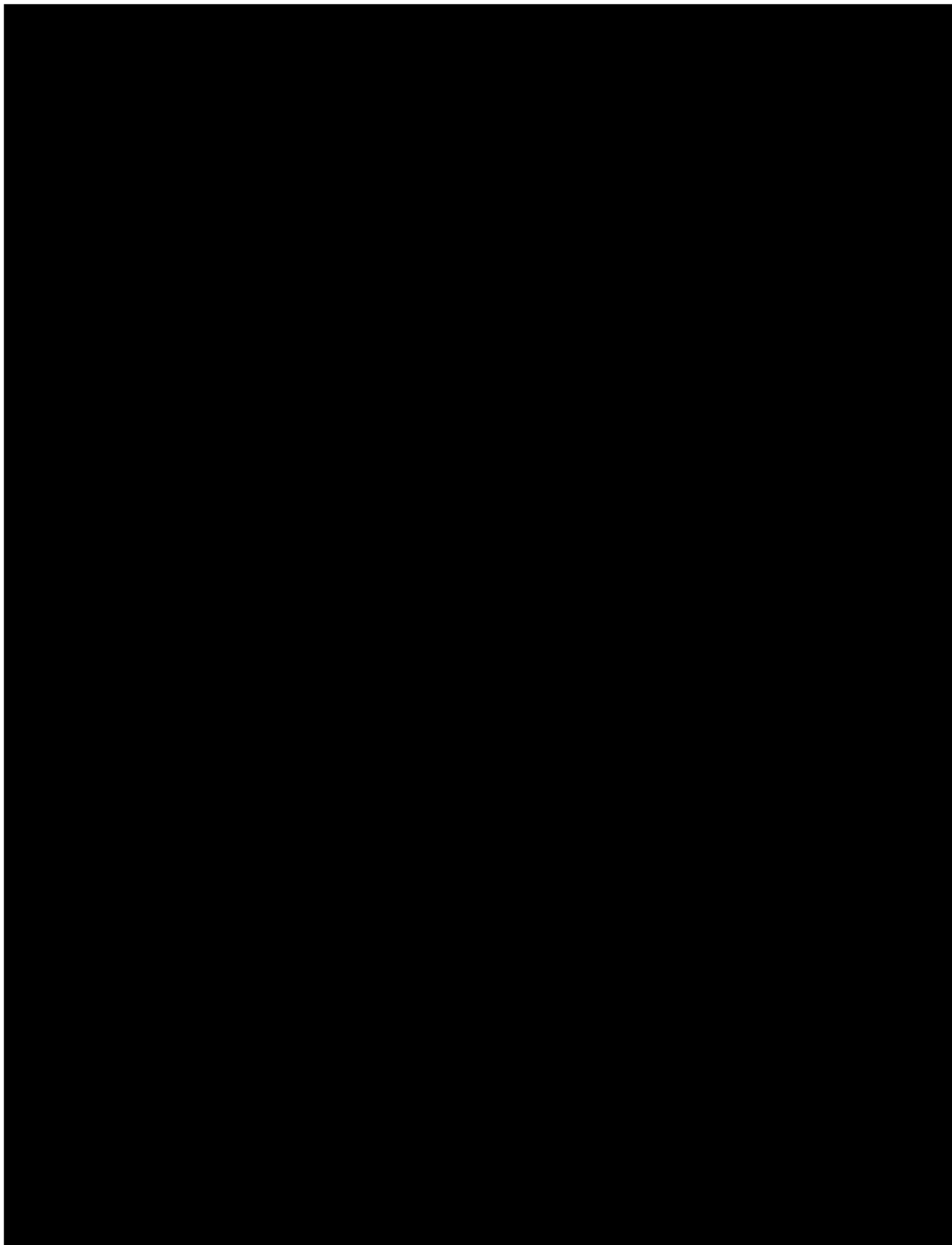
Wholesome Goods, LLC - Appendices

Appendix A

Compliance Items 23-28







The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The next section describes the methodology used in the study, including the data sources and the statistical techniques employed. The results of the study are then presented, followed by a discussion of the findings and their implications. The paper concludes with a summary of the main points and a list of references.

The research was conducted using a quantitative approach, with data collected from a survey of 1,000 participants. The survey was designed to measure the levels of various factors related to the research topic. The data was then analyzed using a series of statistical tests, including t-tests, ANOVA, and regression analysis. The results of these tests are presented in the following sections.

The findings of the study indicate that there is a significant relationship between the variables being studied. Specifically, the results show that as the level of one variable increases, the level of another variable also tends to increase. This relationship is supported by the statistical tests, which show that the probability of the results occurring by chance is very low.

The implications of these findings are discussed in the next section. It is suggested that the results of the study could be used to inform policy decisions and to guide further research in the field. The paper also includes a list of references to the works of other researchers in the field.

[REDACTED]

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998). The public sector has become a major employer in the UK, and this has implications for the way in which the public sector is managed and the way in which it is funded.

The public sector is a complex and diverse entity, and it is difficult to define it precisely. However, it can be described as the part of the economy that is owned and controlled by the state. It includes a wide range of activities, from health care and education to transport and housing. The public sector is funded by the state, and it is responsible for providing a range of services to the public.

The public sector has a long history in the UK, and it has played a major role in the development of the country. In the 19th century, the public sector was responsible for providing a range of services, including education, health care, and transport. In the 20th century, the public sector became a major employer, and it played a major role in the development of the welfare state.

The public sector has a number of advantages, including the fact that it is funded by the state and it is responsible for providing a range of services to the public. However, it also has a number of disadvantages, including the fact that it is often inefficient and it can be difficult to manage. The public sector is a complex and diverse entity, and it is difficult to define it precisely. However, it can be described as the part of the economy that is owned and controlled by the state.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 3.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop services to meet the needs of older people, and the need to ensure that services are accessible to older people. The Department of Health (1999) has published a strategy for older people, which sets out the government's commitment to older people and the need to develop services to meet their needs. The strategy also sets out the need to ensure that services are accessible to older people, and that older people are able to participate in decisions about their care and services.

The Department of Health (1999) has also published a strategy for older people, which sets out the government's commitment to older people and the need to develop services to meet their needs. The strategy also sets out the need to ensure that services are accessible to older people, and that older people are able to participate in decisions about their care and services.

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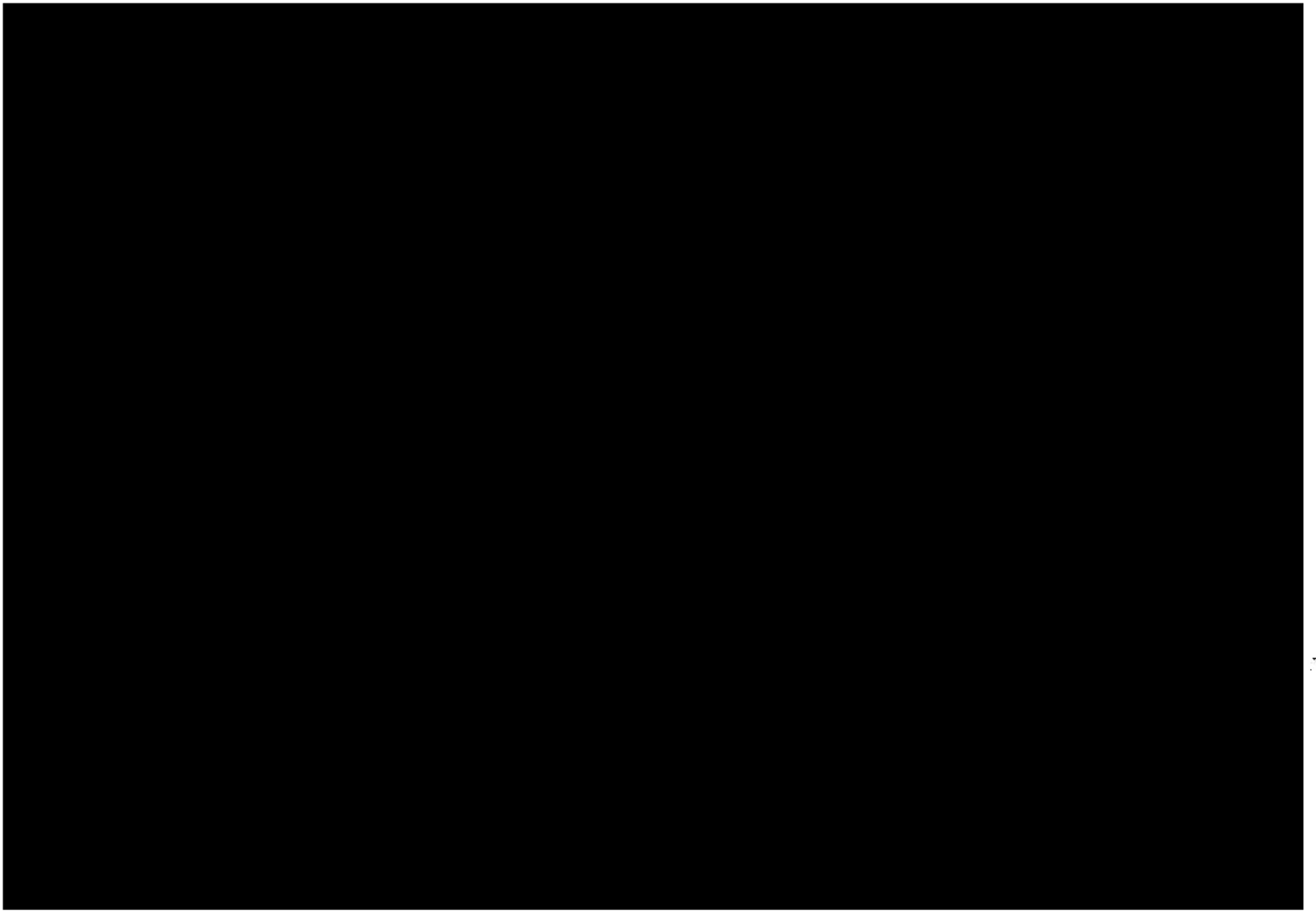
The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques. The third part of the paper presents the results of the study, and the fourth part discusses the implications of the findings.

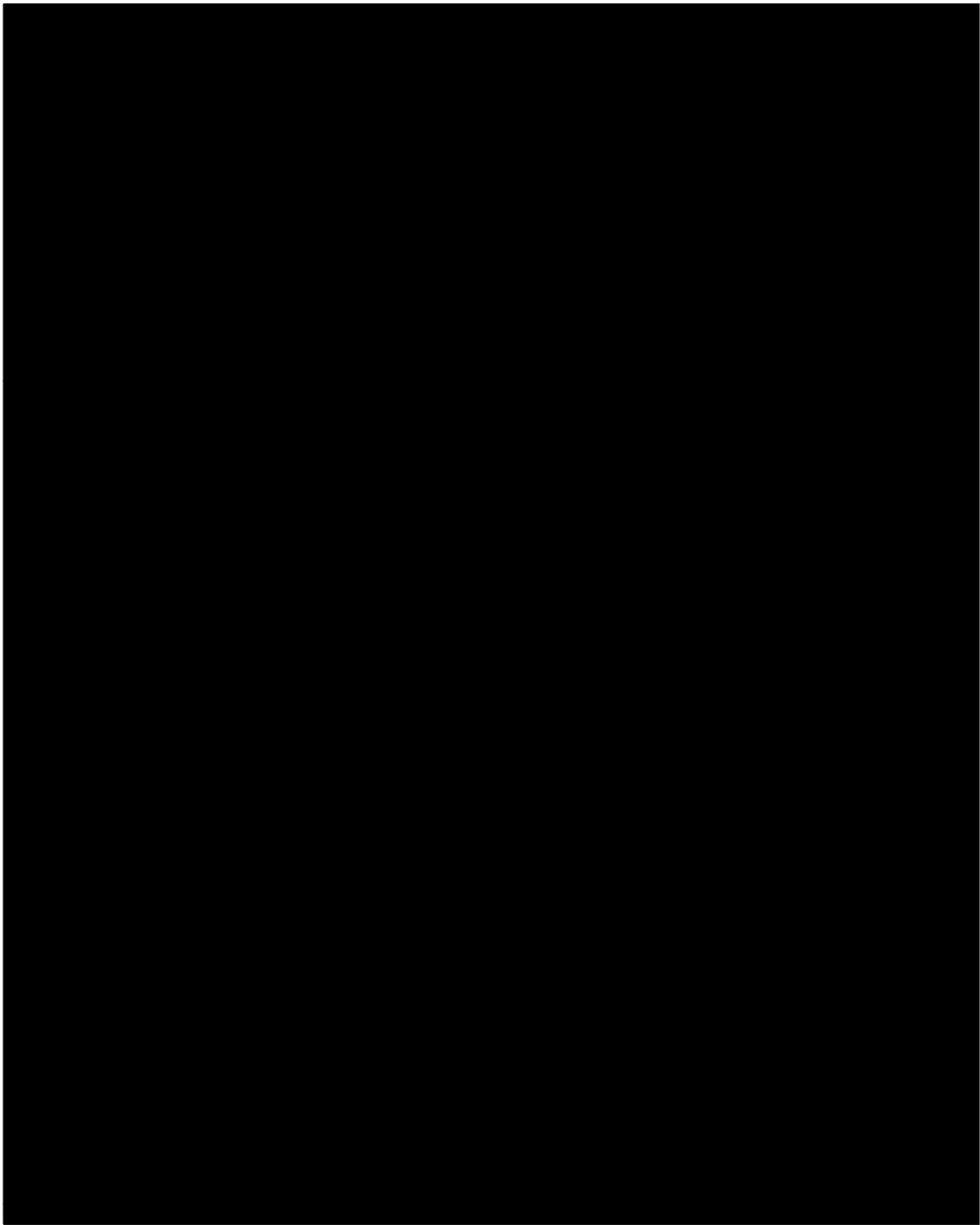
The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants. The data was then analyzed using statistical software. The results of the study show that there is a significant relationship between the variables studied.

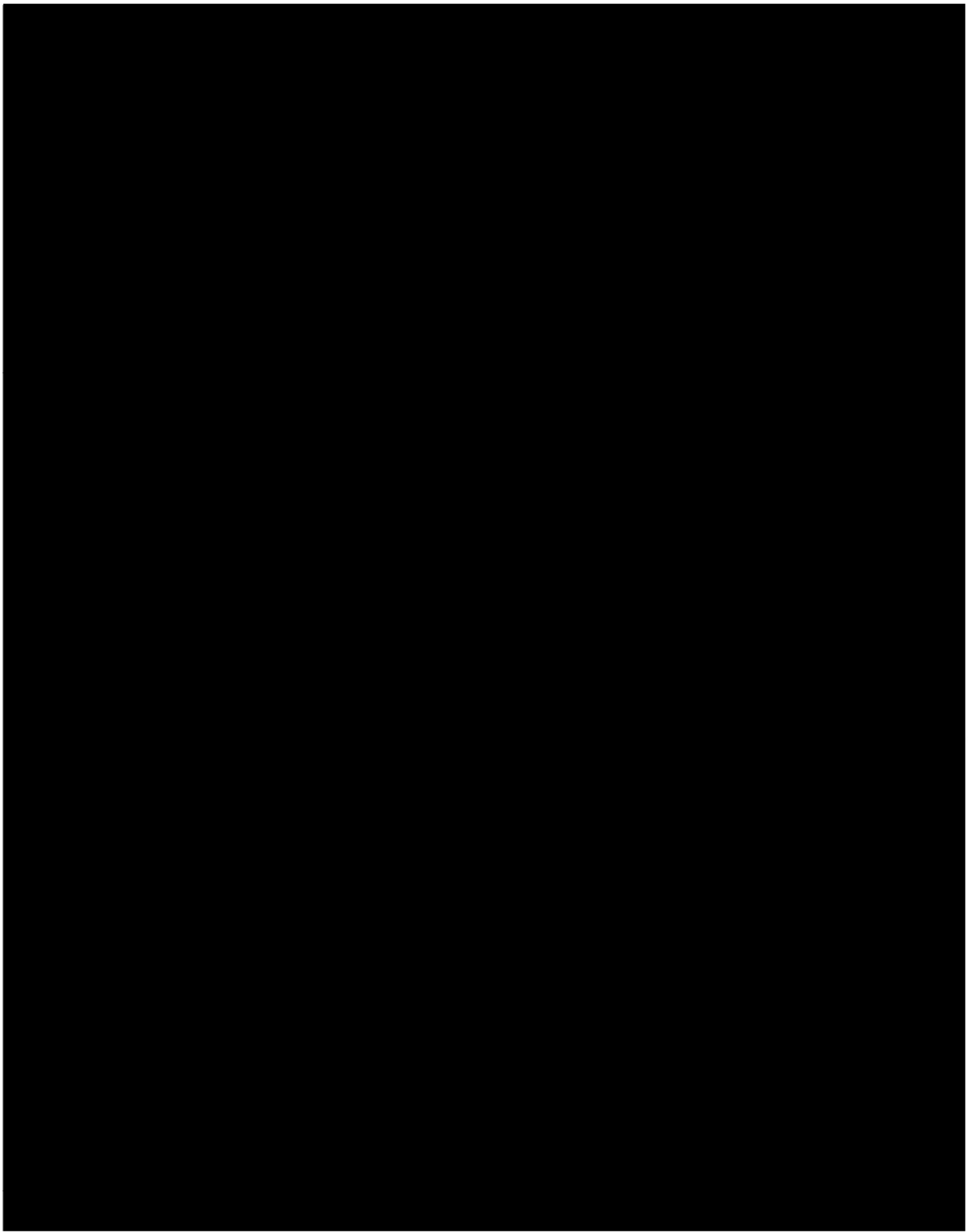
The findings of the study have several implications. First, they suggest that the variables studied are related in a way that has not been fully explored in the literature. Second, they suggest that the methodology used in the study is valid and reliable.

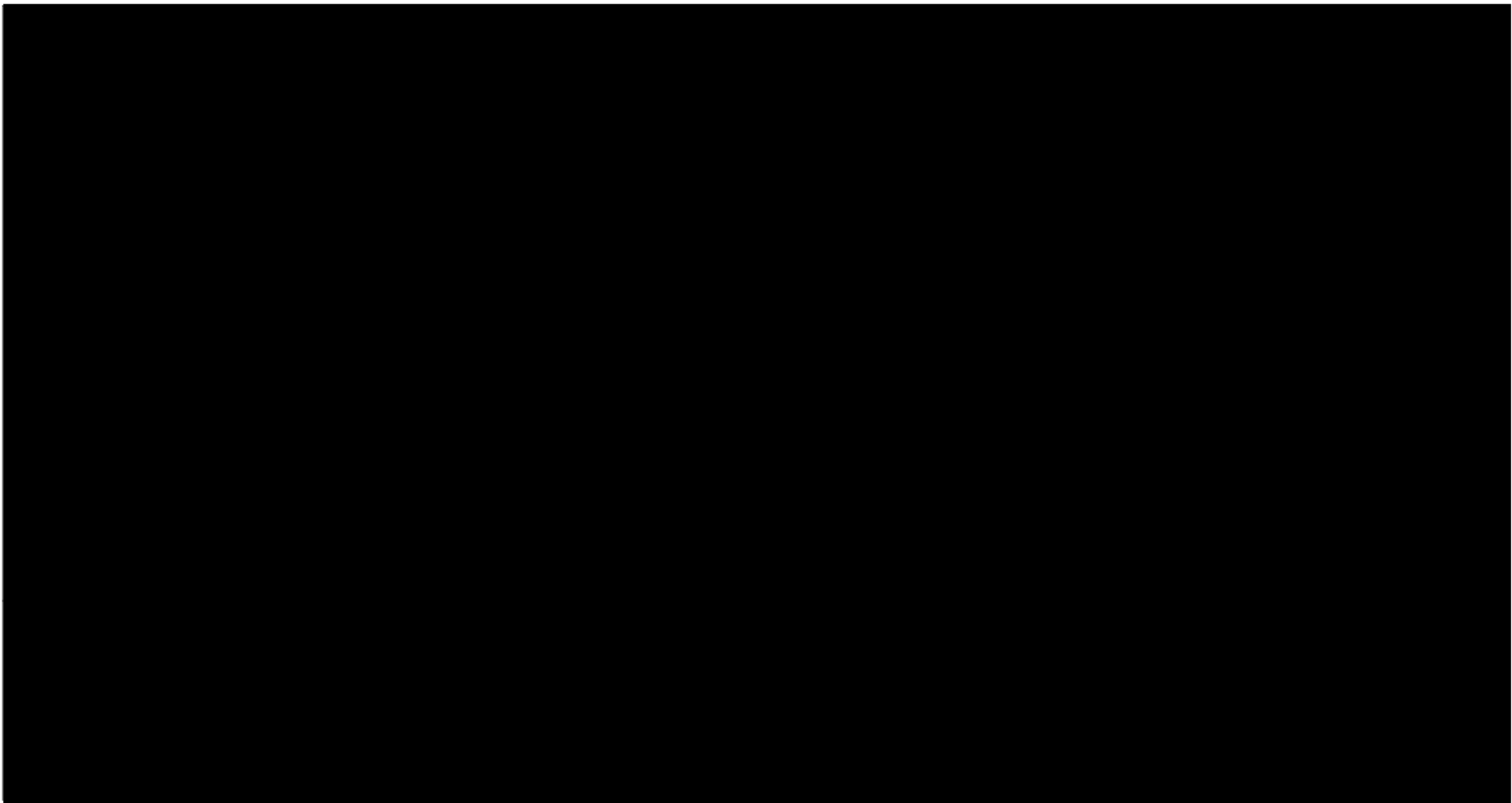
In conclusion, the study has shown that there is a significant relationship between the variables studied. The findings have several implications for future research and practice.

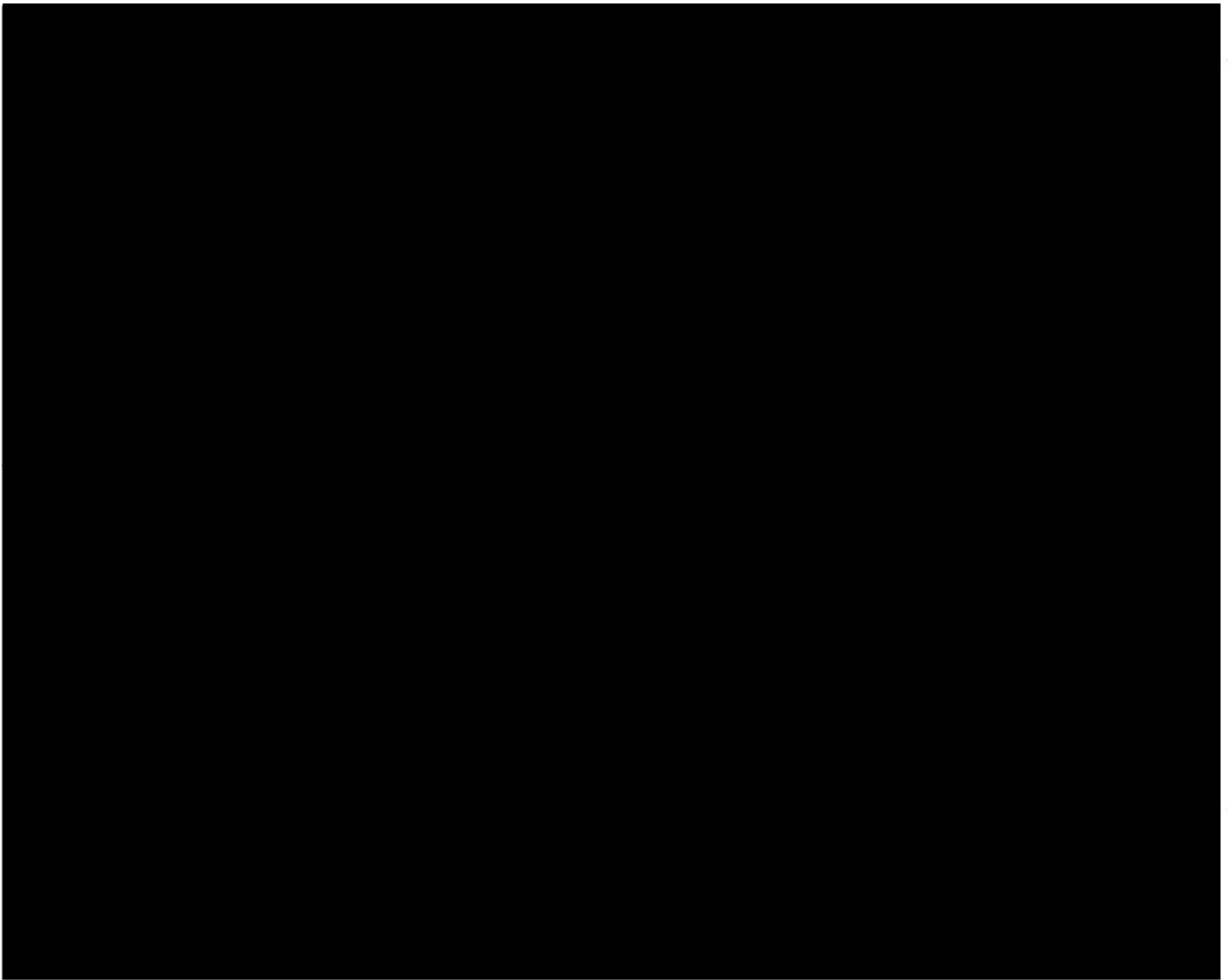
The first of these is the fact that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable. The second is that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable. The third is that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable. The fourth is that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable. The fifth is that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable. The sixth is that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable. The seventh is that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable. The eighth is that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable. The ninth is that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable. The tenth is that the system is not a simple one. It is a complex system, and the behavior of the system is not predictable.





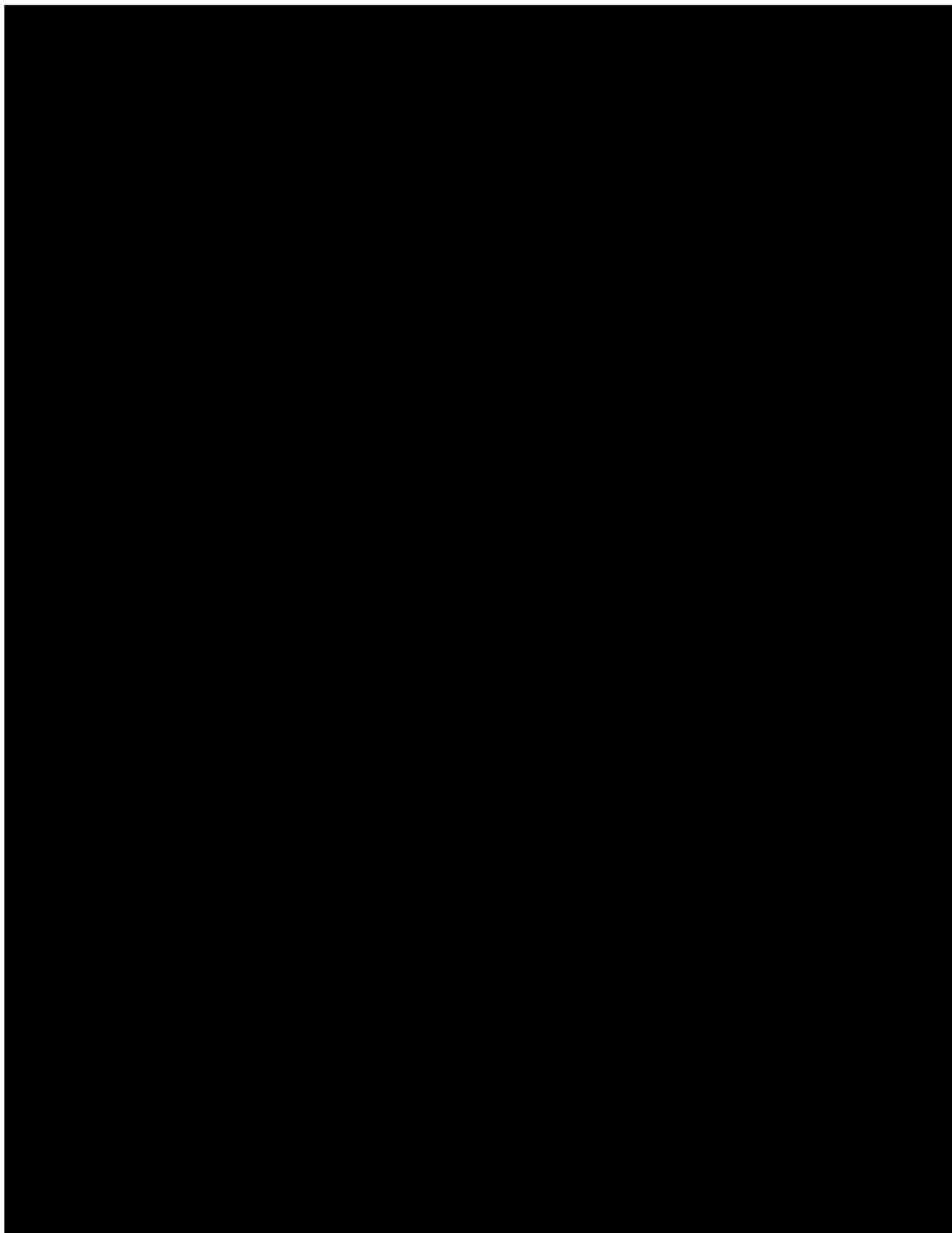






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Appendix B





Operation Change Request Form

In accordance to R68-31 Change Requests may go before the Cannabis Establishment Licensing Board for final approval. Please do **ONE** request per form.

Cannabis Facility	Wholesome Goods, LLC
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Change Request Information

Contact Name		Contact Phone	
Contact Email		Date submitted	

Company Representative(s) to be Present at Licensing Board	1.
	2.

--

Will this Change the biomass or product yield?	
Explain:	

Summary of Proposed Change (This Statement will be read at the public Licensing Board Meeting)	
Company's Statement:	

Submit a Change Request Application. Please include <u>All</u> information from the checklist that will be affected.		
1. Date Changes should go into effect	6. Credentials of new owner(s) / Science Director	11. New Extraction SOPs
2. New Address	7. Change to Storage Plan	12. New Grow SOPs
3. Submit New Owner Background Information	8. Change(s) to Emergency Protocol	13. Will this affect getting ISO Certified
4. New Building Blueprints	9. Changes to Security Plan	14. Will this require Industrial Hemp to be brought in?
5. New Business License From City	10. New Disposal Plan	

Attach All Needed Documents:



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Agriculture and Food

CRAIG W. BUTTARS
Commissioner

KELLY PEHRSON
Deputy Commissioner

DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

Dear Wholesome Goods,

The Utah Department of Agriculture, Medical Cannabis Program is providing final approval for the following change request submitted on [REDACTED]

[REDACTED]

This is final approval, all required inspections have been completed.

Sincerely,

A handwritten signature in blue ink, appearing to read "Cody James".

Cody James
Manager, Cannabis and Industrial Hemp



Operation Change Request Form

In accordance to R68-31 Change Requests may go before the Cannabis Establishment Licensing Board for final approval. Please do ONE request per form.

Cannabis Facility	Wholesome Goods, LLC
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Change Request Information

Contact Name		Contact Phone	
Contact Email		Date submitted	

Company Representative(s) to be Present at Licensing Board	1.
	2.

Will this Change the biomass or product yield?	
Explain:	

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Attach All Needed Documents:



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Agriculture and Food

CRAIG W. BUTTARS
Commissioner

KELLY PEHRSON
Deputy Commissioner

DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

Dear Wholesome Goods,

The Utah Department of Agriculture, Medical Cannabis Program is providing final approval for the following change request submitted on [REDACTED]

[REDACTED]

This is final approval.

Sincerely,

A handwritten signature in blue ink, appearing to read "Cody James".

Cody James
Manager, Cannabis and Industrial Hemp



Operation Change Request Form

In accordance to R68-31 Change Requests may go before the Cannabis Establishment Licensing Board for final approval. Please do ONE request per form.

Cannabis Facility	Wholesome Goods, LLC
-------------------	----------------------

Change Request Information

Contact Name		Contact Phone	
Contact Email		Date submitted	

Company Representative(s) to be Present at Licensing Board	1.
	2.

Will this Change the biomass or product yield?	
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Company's Statement:	

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3. Submit New Owner Background Information	8. Change(s) to Emergency Protocol	13. Will this affect getting ISO Certified
4. New Building Blueprints	9. Changes to Security Plan	14. Will this require Industrial Hemp to be brought in?
5. New Business License From City	10. New Disposal Plan	

Attach All Needed Documents:



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Agriculture and Food

CRAIG W. BUTTARS
Commissioner

KELLY PEHRSON
Deputy Commissioner

DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

Dear Wholesome Goods,

The Utah Department of Agriculture, Medical Cannabis Program is providing final approval for the following change request submitted on [REDACTED]

[REDACTED]

This is final approval, all required inspections have been completed.

Sincerely,

A handwritten signature in black ink, appearing to be "EL".

Aimee Isom
Program Manager, Medical Cannabis



Operation Change Request Form

In accordance to R68-31 Change Requests may go before the Cannabis Establishment Licensing Board for final approval. Please do ONE request per form.

Cannabis Facility	Wholesome Goods, LLC
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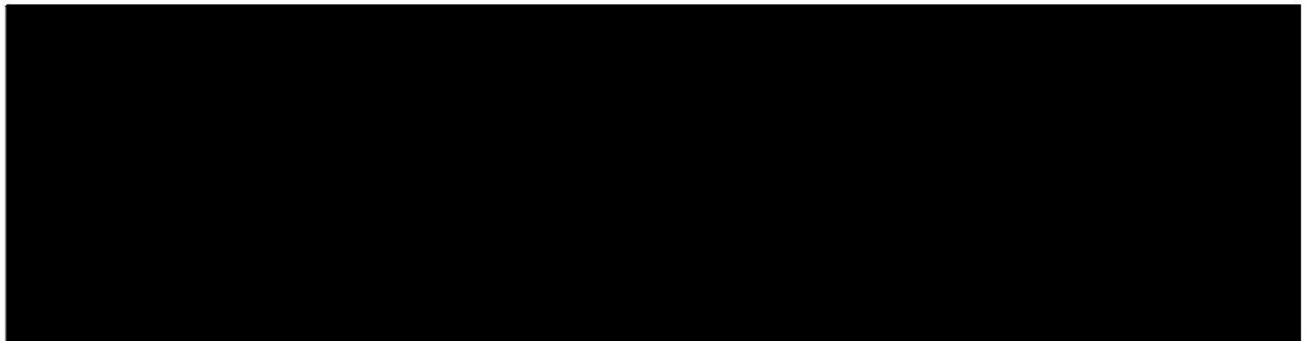
DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response



Dear Wholesome Ag,

The Utah Department of Agriculture, Medical Cannabis Program is providing final approval for the following change request submitted on [REDACTED]



This is final approval, all required inspections have been completed.

Sincerely,

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Cody James
Manager, Cannabis and Industrial Hemp



Operation Change Request Form

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Deputy Commissioner

DEPARTMENT OF AGRICULTURE AND FOOD
Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

Dear Wholesome Goods,

The Utah Department of Agriculture, Medical Cannabis Program is providing final approval for the following change request submitted on [REDACTED]

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Cody James

Manager, Cannabis and Industrial Hemp



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DEPARTMENT OF AGRICULTURE AND FOOD
Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

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Sincerely,

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Cody James

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DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

Dear Wholesome Goods,

The Utah Department of Agriculture, Medical Cannabis Program is providing final approval for the following change request submitted on [REDACTED]

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Sincerely,

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Aimee Isom
Program Manager, Medical Cannabis



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Operation Change Request Response

[REDACTED]

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Aimee Isom
Program Manager, Medical Cannabis



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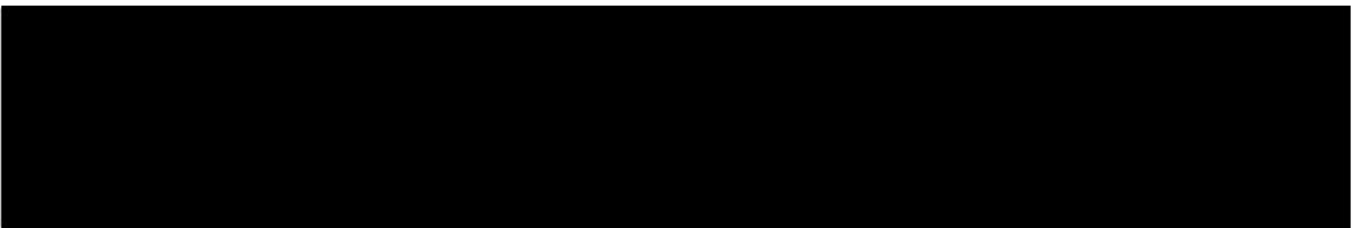
DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response



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Aimee Isome
Program Manager, Medical Cannabis



Operation Change Request Form

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Deputy Commissioner

DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

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Aimee Isom
Program Manager, Medical Cannabis



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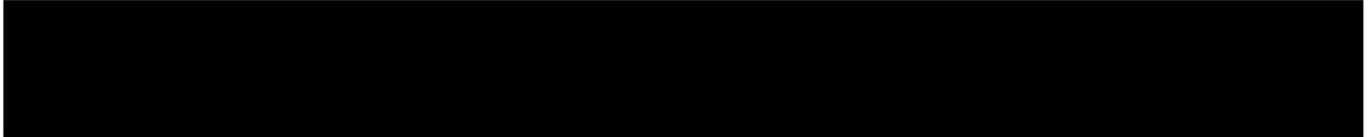
DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response



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Aimee Isom
Program Manager, Medical Cannabis



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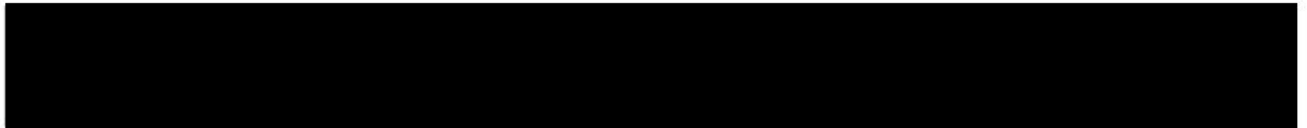
DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response



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Aimee Isom
Program Manager, Medical Cannabis



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Deputy Commissioner

DEPARTMENT OF AGRICULTURE AND FOOD
Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

Dear Wholesome Goods,

The Utah Department of Agriculture, Medical Cannabis Program is providing final approval for the following change request submitted on [REDACTED]

[REDACTED]

This final approval, all required inspections have been completed.

Sincerely,

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Aimee Isom
Program Manager, Medical Cannabis



Operation Change Request Form

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DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

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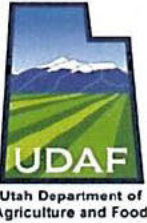
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Aimee Isom
Program Manager, Medical Cannabis

Appendix C





Operation Change Request Form

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DEPARTMENT OF AGRICULTURE AND FOOD
Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

Dear Wholesome Goods,

The Utah Department of Agriculture, Medical Cannabis Program is providing conditional approval for the following change request submitted on [REDACTED]

[REDACTED]

This conditional approval, a UDAF inspection must be completed.

Sincerely,

Aimee Isom
Program Manager, Medical Cannabis



Operation Change Request Form

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Industrial Hemp and Medical Cannabis Program

Operation Change Request Response



Dear Wholesome Goods,

The Utah Department of Agriculture, Medical Cannabis Program is providing conditional approval for the following change request submitted on [REDACTED]



This is conditional approval, prior to final approval a UDAF inspection must be completed.

Sincerely,

A handwritten signature in black ink, appearing to be "EL".

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Program Manager, Medical Cannabis



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Attach All Needed Documents:



State of Utah

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Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Agriculture and Food

CRAIG W. BUTTARS
Commissioner

KELLY PEHRSON
Deputy Commissioner

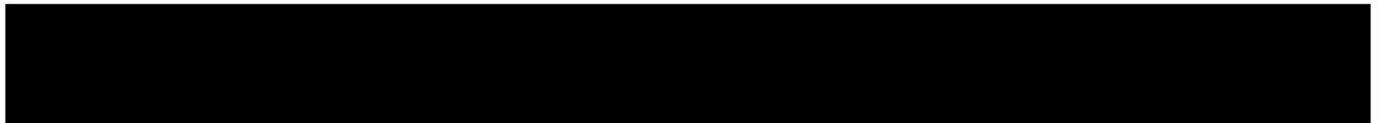
DEPARTMENT OF AGRICULTURE AND FOOD Industrial Hemp and Medical Cannabis Program

Operation Change Request Response



Dear Wholesome Goods,

The Utah Department of Agriculture, Medical Cannabis Program is providing conditional for the following change request submitted on [REDACTED]



This is conditional approval, prior to final approval a UDAF inspection must be completed.

Sincerely,

Aimee Isom
Program Manager, Medical Cannabis



Operation Change Request Form

In accordance to R68-31 Change Requests may go before the Cannabis Establishment Licensing Board for final approval. Please do ONE request per form.

Cannabis Facility	Wholesome Goods
-------------------	-----------------

Change Request Information

Contact Name		Contact Phone	
Contact Email		Date submitted	

Company Representative(s) to be Present at Licensing Board	1.
	2.

--

Will this Change the biomass or product yield?	
Explain:	

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DEPARTMENT OF AGRICULTURE AND FOOD
Industrial Hemp and Medical Cannabis Program

Operation Change Request Response

[REDACTED]

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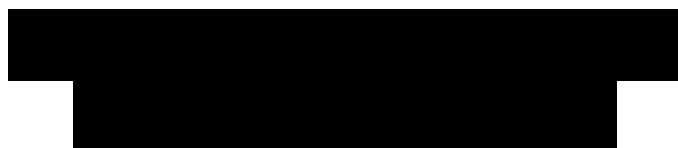
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Sincerely,

A handwritten signature in black ink, appearing to be "EL".

Aimee Isom
Program Manager, Medical Cannabis

Appendix D





Operation Change Request Form

In accordance to R68-31 Change Requests may go before the Cannabis Establishment Licensing Board for final approval. Please do ONE request per form.

Cannabis Facility	Wholesome Goods, LLC
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